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PATENT & TRADEMARK OFFICE  
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SANGEBI

In this Patent Application of: )  
JONGEBLOED, KENNETH WILLIAM )

For: **ADAPTIVE NETWORK-CENTRIC )**  
**ONLINE AUTONOMIC SUPPLY )**  
**CHAIN MANAGEMENT SYSTEM )**

Responsive to the Official Action of September 6, 2006,  
please enter the amendments and remarks set out below.

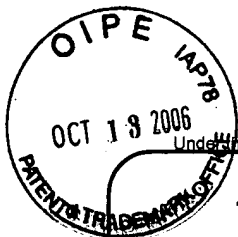
In re Patent Application of:  
**JONGEBLOED, KENNETH WILLIAM**  
Serial No. **10/755,246**  
Filed: **JANUARY 10, 2004**

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**CERTIFICATE OF MAILING**

I HEREBY CERTIFY that the foregoing Amendment is being deposited with the U.S. Postal Service as first class mail to Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 this 4th day of October, 2006.

  
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Pamela A. Page



## TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

20

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First Named Inventor

Kenneth William Jongebloed

Art Unit

3627

Examiner Name

Rudy, Andrew J.

Attorney Docket Number

95.2786

### ENCLOSURES (Check all that apply)

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers  <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC  <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences  <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)  <input type="checkbox"/> Proprietary Information  <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):  <b>1. Postcard.</b>
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Remarks

### SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name

The Torpy Group, P.L.

Signature

Printed name

Mark R. Malek

Date

October 4, 2006

Reg. No.

46,894

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10/4/2006

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